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Bib Data Sheet

CONFIRMATION NO. 8093

SERIAL NUMBER 09/902,094	FILING DATE 07/11/2001 RULE	CLASS 705	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. P 0273746 PAT-002	
APPLICANTS Shi-Yue Qiu, Ellicott City, MD;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/243,472 10/27/2000 AND CLAIMS BENEFIT OF 60/243,401 10/27/2000 AND CLAIMS BENEFIT OF 60/243,469 10/27/2000 AND CLAIMS BENEFIT OF 60/243,397 10/27/2000 AND CLAIMS BENEFIT OF 60/243,470 10/27/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 08/30/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY MD	SHEETS DRAWING 13	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged Examiner's Signature _____ Initials _____					
ADDRESS 00909					
TITLE Early warning in e-service management systems					
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 8093

SERIAL NUMBER 09/902,094	FILING DATE 07/11/2001 RULE	CLASS 705	GROUP ART UNIT 2154	ATTORNEY DOCKET NO. P 0273746 PAT-002
APPLICANTS Shi-Yue Qiu, Ellicott City, MD;				
** CONTINUING DATA ***** This appln claims benefit of 60/243,472 10/27/2000 and claims benefit of 60/243,401 10/27/2000 and claims benefit of 60/243,469 10/27/2000 and claims benefit of 60/243,397 10/27/2000 and claims benefit of 60/243,470 10/27/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/30/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 13	TOTAL CLAIMS 10
INDEPENDENT CLAIMS 3				
ADDRESS 30827				
TITLE Early warning in e-service management systems				
FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	